Tickets Provided by			<i>A</i>		
Agency Report	A Pub	lic Docume		'I\ /[[	TICKETS PROVIDED  AGENCY REPO
1. Agency Name		-	Date Star		California OO
CITY OF NEWPORT BEACH					Form OU
Division, Department, or Region (if applicable)		2009 DEC 21	PM 12:	56 For Official Use Only	
Street Address			OFFICE		
3300 Newport Boulevard			THE CITY	CLERK	L.,
Area Code/Phone Number   E-mail			Amendment (Must explain in Part 5.)		
949-644-3005   Ibrown@newportbeachca.gov			Amenument (wast explain in Part 5.)		
Agency Contact (name and title)			Date of Original Filing:(month, day, year)		
Dave Kiff, City Manager					(month, day, year)
2. Event For Which Tickets Were Distrib	uted				
Date(s) of Event: 12 / 9 / 09 De	scription of Eve	nt: USA Water	Polo – 2009 H	oliday C	up
<u>12 , 13 , 09</u> Fac					
•	y source of ticke	•			
Name of Outside Source of Ticket(s) Provide	d to Agency: A	aron Chaney, C	dM Girls Water	Polo Co	oach
4.5					
Number of Tickets Received:	ricket(s) Pro	ovided to Agency	y: 🗵 Gratuito	usiy [	☐ Pursuant to Contra
3. Agency Official(s) Receiving Ticket(s)	(use a continuati	on sheet for addit	ional names)		
Name of Official Number State Whether the Distribution is Income to the Office					
(Last, First)	of Tickets	Descrit	oe the Public Pu	pose for	the Distribution
Daigle, Leslie	1	City has partnership with the Marian Bergeson Aqu Ctr			
		(venue for 2009 Holiday Cup)			
		(Veride for 20	oo Honday Ou	····	
		·			
I. Individual or Organization Receiving T	icket(s) (Provi	ded at the behest	of an agency of	ficial.)	
Name of Behesting Agency Official:					
Name of Benesting Agency Official.					
Name of Individual or Organization:				Number	of Tickets:
Description of Organization:					
Address of Organization:					
Number and Street		City			State Zip Code
Purpose for Distribution: (Describe the public p	urpose for the dis	stribution to the o	rganization.)		
. Verification					
I have determined that the distribution of tickets se	t forth above is in	accordance with	the provisions o	f FPPC F	Regulation 18944.1.
Dave Kiff			lanager		12-17-09
Signature of Agency Head or Designee	Print Name		Title		(month, day, year)
Comment: (Use this space or an attachment for any a	additional informatio	on including amendr	ment explanation.)		